

Disclosure Statement

A criminal history background investigation is required by law (§ 37.2-416, *Code of Virginia*) on each individual who was not an employee or service provider at the facility prior to July 1, 1999. (Please type or print clearly.)

Licensed Provider Name	Provider Number (3 or 4 digit)
Applicant's Name (Last, First, Middle)	Social Security Number <input type="checkbox"/> No SSN #
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Number)
In Virginia or any other location: Have you ever been or are the subject of a founded complaint of child abuse or neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.	
Have you ever been convicted* of or are you the subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.	
<i>Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.</i>	
*If convicted of misdemeanor assault & battery, please list date(s) of conviction(s). Were any of these convictions committed while employed in a direct consumer care position? <input type="checkbox"/> No <input type="checkbox"/> Yes	
I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee; and (2) the information on this disclosure statement is subject to verification.	
_____ Signature of Applicant	_____ Date